



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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GRAFTON, MA

2018 JUN 18 AM 8:32

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 4/28/2018

Ending Date: 6/14/2018

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Edward Andrew Prisby

Candidate Full Name (if applicable)

Selectman for Town of Grafton

Office Sought and District

25 Danielle Dr. Grafton, MA 01519

Residential Address

E-mail: eprisby@gmail.com

Phone # (optional): \_\_\_\_\_

Committee to Elect Ed Prisby

Committee Name

Nicole Prisby

Name of Committee Treasurer

25 Danielle Dr. Grafton, MA 01519

Committee Mailing Address

E-mail: nlprisby@gmail.com

Phone # (optional): \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 88.68

Line 2: Total receipts this period (page 3, line 11)

\$ 635.00

Line 3: Subtotal (line 1 plus line 2)

\$ 723.68

Line 4: Total expenditures this period (page 5, line 14)

\$ 700.59

Line 5: Ending Balance (line 3 minus line 4)

\$ 23.09

Line 6: Total in-kind contributions this period (page 6)

\$ 50

Line 7: Total (all) outstanding liabilities (page 7)

\$ 0

Line 8: Name of bank(s) used: UniBank

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Nicole L Prisby (Treasurer's signature)

Date: 6/14/2018

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

**Candidate with Committee and no activity independent of the committee**

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

**Candidate without Committee OR Candidate with independent activity filing separate report**

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Edward A Prisby (Candidate's signature)

Date: 6/7/18

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

*(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)*

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/8/2018	Green HVAC 34 Main St. Apt. 2 South Grafton, MA 01560	\$ 100	
6/4/2018	Catharine Taylor 16 Old Lupton Rd. Grafton, MA 01519	\$ 100	
5/1/2018	Teri Turgeon 17 Nelson St. North Grafton, MA 01536	\$ 100	
Line 9: Total Receipts over \$50 (or listed above)		\$ 300	
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 335	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 635	

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**[illegible]

**\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.**

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

700.59

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

Enter on page 1, line 6 →

**Line 17: TOTAL IN-KIND CONTRIBUTIONS**

590

**Line 15: In-Kind Contributions over \$50 (or listed above)**

Line 16: In-Kind Contributions \$50 &amp; under (not listed above)

09-6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	NA
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Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:		Date of Reimbursement:	
Edward Prisky		6/4/2018	
Committee Name:		Committee to Elect Ed Prisky	
CPF ID Number (if applicable):		Telephone Number (optional):	

## ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/30/2018	Facebook	NA	marketing/ advertising	\$ 119.01
5/11/2018	4 Imprint	PB Box 320 101 Commerce St. Dorchester, WI 54901	frsbccs x200 for marketing/ads	\$ 314.23

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	433.24
Line 2: Expenditures \$50 or under (not itemized):	98.52
Line 3: TOTAL AMOUNT REIMBURSED:	531.76

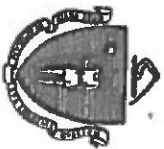
igned under the penalties of perjury:

Musile Prisky  
Signature of Candidate / Treasurer

Date: 6/4/18

Please prepare a separate report for each reimbursement check issued by the committee.





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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 6/14/18

Name of Individual Being Reimbursed: David Robbins

Committee Name: Committee to Elect Ed Pnsby

CPF ID Number (if applicable):                     

Telephone Number (optional):                     

## ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/8/2018	USPS	23 Upton St. Grafton, MA 01519	Postage for 300 mailers	\$150.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 150.00

Line 2: Expenditures \$50 or under (not itemized): 0

Line 3: TOTAL AMOUNT REIMBURSED: 150.00

igned under the penalties of perjury:

Mueldebeck  
Signature of Candidate / Treasurer

Date: 6/14/18

Please prepare a separate report for each reimbursement check issued by the committee.